

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213528515			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Commonwealth Annuity and Life Insurance Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2013</p> <p>SCC ID NO: F0288375</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 132 TURNPIKE ROAD SUITE 210</p> <p style="text-align: center;">CITY/ST/ZIP: SOUTHBOROUGH, MA 01772</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NICHOLAS HELMUTH VON MOLTKE TITLE: P/CEO ADDRESS: 506 TOWN HILL ROAD CITY/ST/ZIP/CO: NEW HARTFORD, CT 06057 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NICHOLAS HELMUTH VON MOLTKE TITLE: P/CEO ADDRESS: 506 TOWN HILL ROAD CITY/ST/ZIP/CO: NEW HARTFORD, CT 06057	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	JUSTIN DAVID MACNEIL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6 LAUREL DRIVE		
CITY/ST/ZIP/CO:	NEEDHAM, MA 02492		
NAME:	JASON MICHAEL ROACH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	23 HUMMINGBIRD LANE		
CITY/ST/ZIP/CO:	WALPOLE, MA 08081		
NAME:	SHEILA BARBARA ST. HILAIRE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	39 HIGH STREET		
CITY/ST/ZIP/CO:	GARDNER, MA 01440		
NAME:	MARGOT KIBBE WALLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, CCO, SIO		
ADDRESS:	12 BERKSHIRE ROAD		
CITY/ST/ZIP/CO:	SHREWSBURY, MA 01545		
NAME:	ROBERT EVAN WINAWER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	502 BENSON LANE		
CITY/ST/ZIP/CO:	CHESTER SPRINGS, PA 19425		
NAME:	SCOTT DOUGLAS SILVERMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, GC, SEC.		
ADDRESS:	429 CARONA PLACE		
CITY/ST/ZIP/CO:	Silver Springs, MD 20905		
NAME:	KIM LEE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP, CRO		
ADDRESS:	28 HUBERT STREET		
CITY/ST/ZIP/CO:	APARTMENT 3 NEW YORK, NY 10013		
NAME:	MICHAEL SCOTT ROTTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	120 EAST 29TH ST		
CITY/ST/ZIP/CO:	PENTHOUSE NEW YORK, NY 10016		
NAME:	JOHN JOSEPH FOWLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, CFO, TRSR		
ADDRESS:	19 WOODRUFF DRIVE		
CITY/ST/ZIP/CO:	MATAWAN, NJ 07747		
NAME:	JOEL VOLCY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, COO		
ADDRESS:	192 DUTTON ROAD		
CITY/ST/ZIP/CO:	SUDBURY, MA 01776		
NAME:	ALLAN STEVEN LEVINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	618 HILLCREST ROAD		
CITY/ST/ZIP/CO:	RIDGEWOOD, NJ 07450		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN MARIE REDGATE DIRECTOR 20 PLAZA STREET D5 BROOKLYN, NY 11238	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD VAUGHN SPENCER DIRECTOR 6400 HECK OF A HILL ROAD WILSON, WY 83014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SCOTT DOUGLAS SILVERMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SCOTT DOUGLAS SILVERMAN, SVP, GC, SEC. PRINTED NAME AND CORPORATE TITLE	6/19/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			